

# **APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES FOR OCCUPATIONAL SPECIALIST CERTIFICATION**

Name:		Date: September 20, 2012
Address:		Social Security #:
College/School:		
<b>List only one activity per form</b>	<b>Check One</b>	<b>Hours or Credits Requested</b>
College Credit (attach grade report or transcript)		
Paid Work or Clinical Experience		
Workshop, Seminar	X	6.0
Conference		
Independent Research/Activities Related to Teaching		
Description of Activity: (attach appropriate information/documentation)		
Fall Career Development Workshop-- Training with regard to multiple career development education resources and labor data for use with students; Hands-on training on eCIS and CISjunior, as well as a look at new additions to both products.		
		Completion Date: September 20, 2012
<b>Participant's Signature Date</b>	<b>Local Administrator's Signature Date</b>	

<b>THIS PORTION TO BE COMPLETED BY THE STATE DIVISION OF PROFESSIONAL-TECHNICAL EDUCATION</b>	
Check one: <input type="checkbox"/> Will apply <input type="checkbox"/> Will <u>not</u> apply	
Reason declined:	
State Professional - Technical Certification	Date

Send **three** copies to:     Coordinator, Professional-Technical Teacher Certification  
    Division of Professional-Technical Education  
    P.O. Box 83720  
    Boise, ID 83720-0095

After processing, one copy **shall** be retained in the applicant's file in the State Office. The other two copies **shall** be returned, one for the local administrator and the other for the participant.